



DCH

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|-----------------------|
| | | Application Number | 09/664,179 |
| | | Filing Date | September 18, 2000 |
| | | First Named Inventor | Raciborski, Nathan F. |
| | | Art Unit | 2151 |
| | | Examiner Name | Frantz B. Jean |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 019396-000900US |

ENCLOSURES (Check all that apply)

| | | | | |
|---|--|---|---------|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC | | |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | | |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information | | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Status Letter | | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | | |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Return Postcard | | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | | | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | | | |
| <table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table> | | | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
| Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | William F. Vobach | | |
| Date | March 30, 2006 | Reg. No. | 39,411 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | |
|-----------------------|-------------|----------------|
| Signature | | |
| Typed or printed name | Kay Barclay | Date |
| | | March 30, 2006 |



**CHANGE OF
CORRESPONDENCE ADDRESS
Patent**

Address to:
Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|-----------------------|
| Patent Number | 6,836,806 |
| Issue Date | December 28, 2004 |
| Application Number | 09/664,179 |
| Filing Date | September 18, 2000 |
| First Named Inventor | Raciborski, Nathan F. |
| Attorney Docket Number | 019396-000900US |

Please change the Correspondence Address for the above-identified patent to:

The address associated with Customer Number:

OR

Firm or
Individual Name Motorola, Inc., Robert P. Marley

Address 101 Tournament Drive
Broadband Communications Sector

City Horsham State PA ZIP 19044

Country US

Telephone 800.523.6678 Email rpmarley@motorola.com

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47).

I am the :

Patentee.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 Attorney or agent of record. Registration Number 39,411

Signature William F. Vobach

Typed or
Printed Name William F. Vobach

Date March 30, 2006 Telephone 303.571.4000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.